

CLAIMS ONLY						Application Number <i>161662388</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32	1						
33							
34							
35							
36							
37							
38							
39							
40							
41	1						
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	<i>3</i>						
Total Depend	<i>25</i>						
Total Claims	<i>28</i>						